

An Inaugural Dissertation
on
Hysteritis.

John S. Irwin

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the Department of Agriculture

Office of the Secretary

John L. Brown

Washington, D.C.

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Preliminary to commencing this essay, I thought it most proper, to state the plan, which I intend to pursue in the following pages; in order that it may render the piece more intelligible.

First— I shall endeavour to point out the difference, and manner of distinction, between hysteritis, and febris puerperarum.

Secondly— I shall proceed with a history of the causes, and diagnostic symptoms of hysteritis, (which is principally the subject of this dissertation) and, finally— with the method of cure, which appears to me the most appropriate to the disease in question.—

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Of the difference, and manner of distinction,
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Women after delivery, are subject to a variety of tedious, troublesome, and dangerous complaints; amongst which are enumerated, inflammation of the uterus, and puerperal fever.

From the variety of the descriptions, and difference of the treatment, laid down by authors on these subjects, the young practitioner often finds himself at a loss, to determine with exactness and precision, on the mode of procedure.

Many of the diseases of puerperant women, were till lately not at all understood, indeed, scarcely known to exist. This may in part be accounted for, from the circumstance that untill within the last century, the care and management of puerperant women, were entirely confided to the slender judgement of their own sex; and, no doubt, they considered it their interest, to keep

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concealed from physicians, every thing relative to their diseases they, possibly could.

Sydenham was the first, I believe, who introduced midwifery as a branch of medical science among physicians; untill his time, but very little was known of most of the diseases of parturient women, and as late of inflammation of the uterus, and puerperal fever, as any other.

The accounts given of those two diseases, are (for the most part) so unsatisfactory, that it often places the young practitioner in a difficulty to distinguish between them. It is important that they should be correctly distinguished.

Inflammation of the uterus, is much the most frequent, but by far, the least fatal of the two. Some soreness and swelling of the abdomen, with some febrile action of the pulse, succeeding parturition, is too apt to receive the appellation of puerperal fever. From the various offices of the uterus, the frequent difficulties during labour, and

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(when confided to the care of ignorant midwives,) the improper treatment after parturition; it is not astonishing, that inflammation of this viscus, & the neighbouring parts, should be a frequent occurrence.

Many cases of inflammation of the uterus, are compared (not however without some degree of resemblance) with those of puerperal fever; both in the violence of the symptoms, and the disease itself, but the puerperal fever is the most fatal, as it is the most violent of the two. From the situation of the uterus, we know that inflammation, can be readily communicated to the peritoneum &c; when this obtains it constitutes puerperal fever.

In the most part, we find those women most subject to the latter disease, who have passed easily through labour, and have, from a confidence in their own safety, used improper food, or exposed themselves imprudently, while

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so to certain hysterical follows difficult to
 long, and those cases in which some violence
 has been done to the uterine tube. This is a
 however difference in the progress of all sorts of
 low but diseases. The latter in either is not
 to be considered as a proper guide, to regulate
 the practice in administering those remedies,
 in some to be not as to the progress of the
 disease. When the uterus alone, is the seat
 of inflammation, the pain is more rare than,
 it full, but not so quick and frequent as a
 purperal force. The swelling of the abdomen
 in the latter differs considerably from that
 of the former disease, for, instead of finding
 a rare firm body immediate in the region
 of the uterus, as in hysterical, we find the morbid
 ally in the other, from the greatest part of the
 abdomen, if not the whole. Local heat and
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appears to have been the case in a later
 case of gonorrhoea; this is more the case
 with hysteritis. In the former, the
 disease is ascertained in the uterus.

After these few general remarks on the dis-
 ease, we must now consider the two diseases
 all proceed with a history of the same kind,
 and most appeared near the line. Hysteri-
 tis. —

"Hysteritis may originate from several
 causes, as a disparity of size between the
 child and pelvis, from instrumental action
 on redundancy of the accretions, in the
 uterus, or the obstruction of the blood
 vessels of the uterus, the long con-
 tinued action of the uterus on the side of
 the child, and the great pressure made by
 the child's head on the soft parts of the mor-
 ther in contact with it. To these causes
 may be added, exposure to cold, barrenness

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the patient born too soon after delivery;
which may act as an exciting cause to the
then existing, or incipient inflammation.

The uterus, as well as the seat of inflammation, but the ovaries and Fallopian tubes
also participate in it. If the disease is per-
mitted to pursue its course, the inflammation
is most generally communicated to the
peritoneum in a greater or less degree; the
solid then varies, and from being hard, tense,
and full, as it was in the commencement of
the disease, it becomes quick, small, frequent,
and irregular; presenting in almost every case
that kind of solid pressure in per-
itoneal inflammation.

This disease most commonly attacks wo-
men of robust and plethoric habit of body,
rather than those of lax fibres and delicate
constitution; and those women who have led an
irregular life, and indulged greatly in the

* The pain can be readily distinguished from spic-
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The inflammation is first discovered by pain & tenderness in the hypogastric region, the part is tender to the touch, acute pain is felt in extending the back & urines, the bladder becomes inflamed, and fever accompanies these symptoms. The inflammation occasions by means of the uterus, is dangerous in proportion to the extent and to the heat produced by them.

When inflammation attacks the uterus & the parturition, it is most generally perceived about the second or third day; in placing the hand on the lower part of the abdomen immediately above the pubes, the uterus can be felt hard, and somewhat tumefied; the lochia, and secretion of milk are in proportionally small quantity, according to the violence of the inflammation, the urine is high coloured and excretion has occurred

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This disease is sometimes ushered in with a chill; when this is the case, there is soon afterwards an increase of heat over the whole body, there is pain in the head and back, extending to the groin, considerable thirst, and sometimes nausea and vomiting.

If the inflammation be not speedily conquered suppuration succeeds; after which, death most commonly puts a period to the sufferings of the agonized patient.

Upon dissecting the uterus of a woman, who has died of this disease, pus will most generally be found to follow the knife; when the uterus is in this state the fallopian tubes and ovaria are almost invariably found in state of high inflammation, if not suppuration. When inflammation attacks the uterus, the fallopian tubes may also very

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readily become affected and baffle, not equally with the uterus in the disease. The consequence of the inflammatory adhesions may take place at the funicular extremities of the tubes; when this obtains in both of them, sterility must of necessity be the consequence, the uterine extremities of the tubes, may also be obliterated in the same way, and an effusion of serum may take place, in the cavity between the adhesions constituting dropsy of the fallopian tubes.

Frequent signs succeeded by flushing of the face, a weak, quick and irregular pulse, great diminution of strength, delirium, and the sudden cessation of the pain & soreness of the abdomen, denote a fatal termination; while on the contrary the occurrence of a gentle diarrhoea, & diaphoresis, the secretions returning to their usual quality and quantity, the parts affected becoming gradually less pain-

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ful to the touch, with an abatement of febrile action, announce a favorable issue.

Gangrene and mortification are very seldom, if ever the result of this disease; it is most probable that it never terminates in this way; when the disease terminates fatally it is from the general effects of the inflammation & suppuration of the uterus and its appendages, on the system.

When, from instrumental delivery, or any cause acting immediately on the internal parts of the uterus, inflammation takes place, provided it be not carried to any great extent it may be confined to this part entirely, but when the whole body of the uterus is under a state of inflammation, it is most probable that the peritoneal covering of the uterus, and the parts adjacent to it, participate in it: but not to an extent, that can strictly be called peritonitis.

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I shall now proceed with an account of the Treatment - which appears to me best calculated to overcome this disease.

By an early attention to the symptoms, we may often be enabled to subdue them and prevent the inflammation from progressing to any dangerous extent. As this is an active inflammation, an immediate and speedy cure should be directed to the diminishing the action of the heart and arteries. For this purpose venesection is absolutely necessary; the quantity of blood to be abstracted, should be regulated by the violence of the symptoms, the age and habits of the patient. The effect of venesection in this disease is always greater, in proportion to the quantity taken at one time; small portions of blood, may be abstracted at intervals without producing any sensible or permanent effect on the disease; while, on the contrary had the patient suffered one copious bleeding, in the

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1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as $t \rightarrow \infty$. It is shown that the solutions of the system (1) tend to zero as $t \rightarrow \infty$ if and only if the matrix A is Hurwitz.

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Tomentations are resorted to by some authors, even as a remedy of every kind on the head, or an infusion of any of the bitter herbs, which are used with a view to relieve the humor and relieve the pain of the skin; these remedies are often unbecomingly used and often do more harm than good when there is a danger of the disease terminating in suppuration, I think they are, but still, by their tendency to promote it; but in the early stages of the disease, when there is no fear of the inflammation terminating in the use, they may I think be used with advantage; flannel clothes are of great value and assist to the purgation of the blood and are always under such circumstances pleasant and comfortable to the patient, and in doubtful cases may be used without the risk of injury. Tomentations are a popular remedy among women when the

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 prove a useful remedy.

Stirging in this as in most cases of inflammation is highly beneficial; it should not however, be carried to too great an extent, the feculent and irritating matter should in the first instance be freely discharged, and the bowels through the whole course of the disease kept freely open; for this purpose, the neutral salts, such as sea or castor oil, may be used.

The neutral salts of bicarbonate are most generally preferred. The following will generally be found to answer the purpose very well.

℞ Pulv. Soda ℥ij

Aq. de. ferri. ℥viii

Succ. limon. 3℥ M. to give it

a more agreeable flavour to sugar may be added, and a wineglass full of the solution may be taken every half hour until the disease is cured.

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is produced. The lemon juice corrects the nauseous taste of the salt, which, when taken in this vehicle is seldom rejected. Warm diluent drinks should be used, in order to aid the operation of the medicine; small doses of the same or lemon tea may be taken when occasionally, through the course of the complaint, to keep the bowels open.

Emollient & astringent clysters are also used, in order to the comfort of the patient and to relieve the intestines; linseed tea alone, or with a small quantity of the subba: but a milder will answer very well; clysters in this case should not be used very warm though a moderate temperature exerts, again rendering the anodyne provided their purgative quality is not absolutely demanded.

Blisters in this disease as in most other inflammations, prove a highly valuable remedy; sometimes they will remove the inflammation

* Synonyms may in such cases be substituted, and
in some cases perhaps with an entirely good ef-
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ed, and in this case on the bladder * if this be not bro-
 ken, it should be again, the use should be
 continued with the frequent use of diluent
 mucilaginous drinks as an infusion of the
 presley root, or barley water with gum arabic.
 These drinks are broken through the whole
 course of the disease, until the blisters be no
 longer to be used. When the strangury is
 severe the following formula will be found of
 service

Rj Camphor ʒss

Spts. nit: dulc ʒij

Tinct: opii ʒss An of this two
 spoonfulls may be taken every hour in powder
 or in any convenient vehicle until relief
 is obtained. This is a submeform of opium is
 peculiarly the best that must also be used.
 After a free use of the lancet, blisters to the
 abdomen should not be neglected.

The use of diaphoretics has been strong

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ly recommended. They are, no doubt of service but if come in not taken they lay the patient open to farther danger from the effects of cold. As I consider them in this case doing good, by diminishing morbid action, and determining to the surface; and as purging is a more powerful means, I would place more dependance on the latter.

It has been too common to think rather of the power than the ~~power~~ ^{mode} of giving opium has been given, no doubt, to the injury of many patients. The stimulant qualities are not at all suited to this disease in its highly inflammatory stage; it should therefore never be given in these kinds until the inflammatory action has been mitigated or subdued by venesection & purgatives. And even then it should not be used at ^{any} times as when rest & opiate is absolutely necessary in the patient. The only certain means of relieving the pain, is by venesection.

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Should a spontaneous diarrhoea arise during the violence of the disease it should not be checked, unless some morbid peculiarly accompaniment it or it proceeds with such violence as to endanger the strength of the patient and thereby endanger life. In such a case the mucous mixture should be used; if this is insufficient to lessen the violence of the diarrhoea, the following may be substituted.

Rj Mist: Catechu ℥vi
Tinct: Kino

℞℥ Catechu ℥iii ~~℥iv~~ of this one tea-spoonfull may be exhibited every hour until the desired effect is produced; sometimes it may be necessary to add Laudanum but the above is generally sufficient to accomplish the purpose.

During the disease the diet should be light and such as is easy of digestion, thin gruel, toast and water, barley water and all such are proper,

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carefully avoiding all articles of a heating nature fermentes liquors and any thing containing animal juices. The prophylactic treatment is such as is generally necessary in all cases of severe inflammation.

In this disease, resection is the great remedy by which the force and vigour of the inflammation must be combatted and overcome. Without this powerful remedy, this disease (if I may be permitted the expression) would be almost without a remedy; it is the chief conqueror, and all others are merely its auxiliaries.

After the inflammation is removed we are next to direct our attention to counteract its effects, to the invigorating the system and general health of the patient; here the diet should be more generous and nourishing, free air and moderate exercise may be permitted, when the strength of the patient will admit of it, the tincture of gentian or colombo, or the chalybeate prep-

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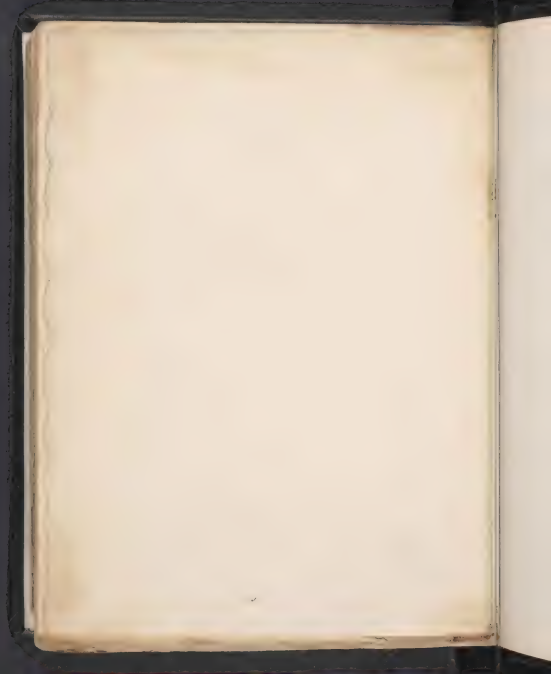
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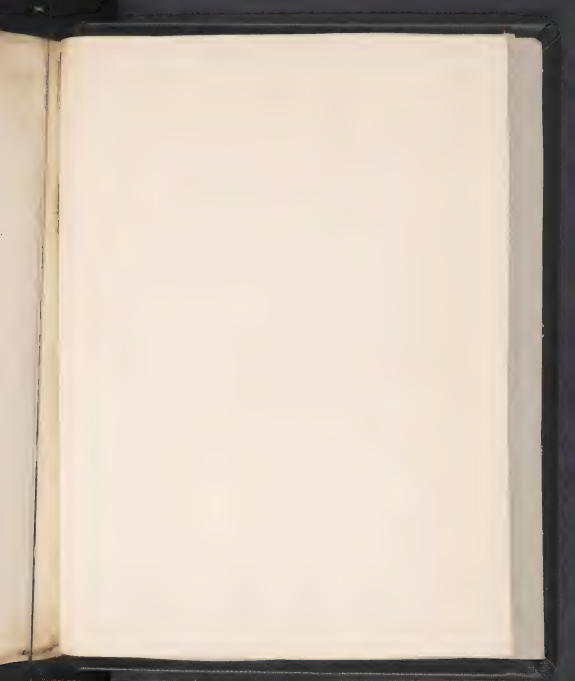
variations with back, may be used as circumstances require. These things should all be attended to with the requisite caution; cold, moisture, improper food and any thing calculated to induce disease should be carefully avoided, until the general health of the patient, and tone of the system is fairly established.

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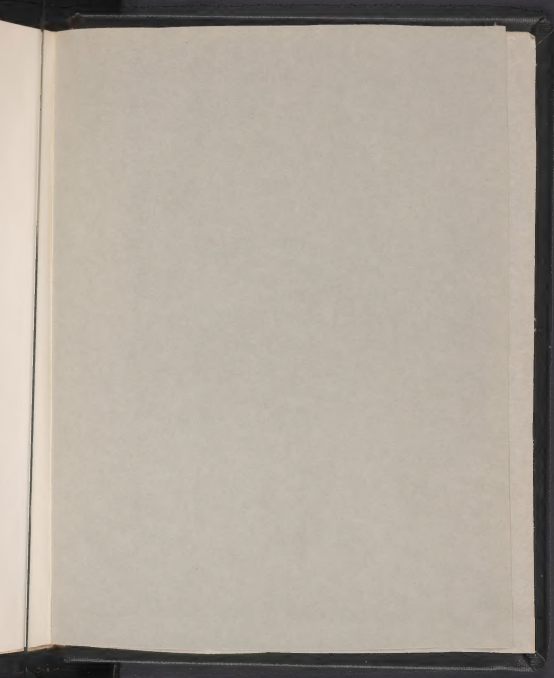


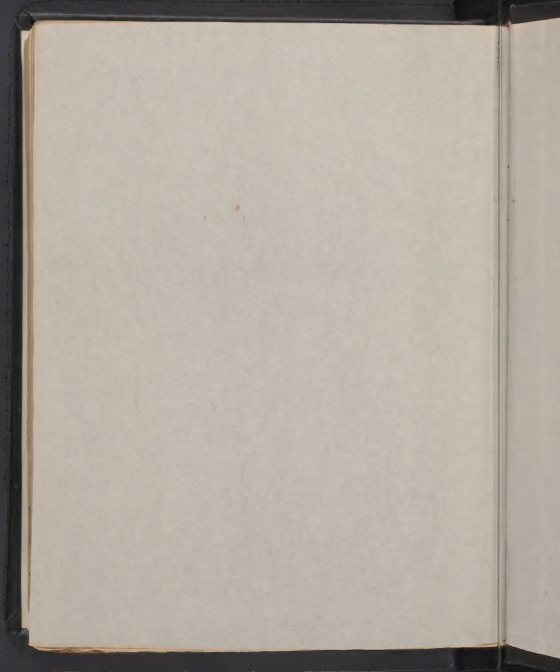












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